

STARKE COUNTY  
COMMUNITY  
FOUNDATION  
A FUND AFFILIATE OF NICF

2010

1897 Charley Vorm  
Memorial Scholarship



NORTHERN INDIANA  
COMMUNITY  
FOUNDATION  
STARKE FULTON MIAMI

**Northern Indiana Community Foundation, Inc.**  
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Corinne Becknell Lucas, Program/Scholarship Coordinator  
[corinne@nicf.org](mailto:corinne@nicf.org)

The Northern Indiana Community Foundation, Inc. administers a scholarship program that each year helps local students pursue higher education. Over the years the Community Foundation has helped provide scholarships to many Starke County students. We hope to add you to our list of scholarship recipients!

If you need additional assistance, please contact Corinne Becknell Lucas, Scholarship Coordinator for the Northern Indiana Community Foundation (NICF) at 574.223.2227 or toll free at 877.432.6423. You can also email questions to corinne@nicf.org. You can find our application online at nicf.org.

## 1897 Charley Vorm Memorial Scholarship

Established in 1998 to celebrate the life of Charley Vorm, a citizen of North Judson and successful businessman who established American Oak Preserving Company Inc.

### Eligibility Requirements

Eligible students must have graduated from North Judson San Pierre High School, attending Indiana State University, who are deserving of financial assistance. An interest in Botany and/or Biology preferred, but not a requirement for consideration for said scholarship. Applicants must have attended high school in Indiana for at least four (4) years and must have graduated in at least the highest twenty percent (20%) of their graduating class. In making this selection the following criteria shall be important:

- (1) Good character;
- (2) Good citizenship;
- (3) Financial need; and

### Please Make Sure the Following documents are completed and attached.

- Application Information Part A
- Application Information Part B
- Estimated Expenses & Resources
- FASFA's Student Aid Report (SAR), which is the report FASFA returns to you, including the EFC (Expected Family Contribution) number. If ineligible to apply for FASFA, attach the NICF Financial Form
- Academic Certification Form
- Application Signature Page
- Essay question. Please write a short essay to the following questions:
  - Briefly describe the person that has been most influential in your life and how they assisted you. Please also express your personal reasons for desiring a post-high school education.

### Reapplication Requirements

The scholarships may be renewed each year during such student's undergraduate college education, subject to the availability of sufficient funds, only if recipients are full-time students at Indiana State University and achieve the following cumulative grade point averages: (averages shall be computed on a 4.0 grading system. )

- (1) At the end of the freshman year – 2.0
- (2) At the end of the sophomore year – 2.5
- (3) At the end of the junior year – 3.0

To re-apply, any interested recipient must write a "Letter of Intent" to re-apply or complete an NICF "Letter of Intent" form and submit it, along with a copy of his/her most current college/university semester grades, to the NICF Office by March 1st of each year. Recipients who are re-applying and graduating high school seniors who are applying for the first time will be given equal consideration.

**Submit one original application and all required attachments.** The NICF office will make all necessary copies.

**Do not use staples.** Use only paper clips or clamps to attach your application materials to each other. Organize your application and all required materials.

Please return the application to the Northern Indiana Community Foundation office at P.O, Box 807, 715 Main Street, Rochester, IN 46975.

Applications must be in the NICF office by March **15<sup>th</sup> 2010.**

# Application Information Part A

Name \_\_\_\_\_

First

Middle

Last

Legal Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Office use only

Male       Female      Township of Residence \_\_\_\_\_

Number of years residing in Indiana \_\_\_\_\_ Number of years residing in your township \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Father's / Guardian's Name \_\_\_\_\_

First

Middle

Last

Address (if different from you) \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_

Mother's / Guardian's Name \_\_\_\_\_

First

Middle

Last

Address (if different from you) \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_

## Educational Information

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_ # of Year's attended \_\_\_\_\_

Year in college in the coming academic year:  Fresh.  Soph.  Jr  Sr.  Grad. School  Other

If you are a college student, what school do you attend? \_\_\_\_\_

1<sup>st</sup> Generation College Student  Yes  No      Enrollment Status:  Full-time  Part-time  Other

1<sup>st</sup> choice educational institution you plan to attend \_\_\_\_\_ Accepted?  Yes  No

2<sup>nd</sup> choice educational institution you plan to attend \_\_\_\_\_ Accepted?  Yes  No

3<sup>rd</sup> choice educational institution you plan to attend \_\_\_\_\_ Accepted?  Yes  No

Major field of College Study \_\_\_\_\_

As of this date, do you have a tuition package that pays for more than half of your college tuition per year?  Yes  No



## Estimated Expenses & Resources

Name of College/University you plan to attend \_\_\_\_\_

### Estimated Resources

Have you received an award letter from this school? If so please attach. If no, please estimate your eligibility to the best of your ability.

Parent Contribution	\$
University Scholarship or Grants	\$
Federal Pell Grant	\$
Federal Academic Competitiveness Grant	\$
Federal Supplemental Grant (SEOG)	\$
Indiana Grants	\$
Federal Stafford Loan	\$
Federal Perkins Loan	\$
School Job	\$
Other (specify)	\$
Total Aid	\$

### Estimated Expenses

Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Transportation	\$
Personal Expenses (e.g. laundry, clothing, etc.)	\$
Total Costs	\$

Do you have any other expense of which you would like to make us aware?

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If your estimated expenses exceed your financial aid, how do you plan to pay the difference?

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How much do you plan to earn working this summer? \_\_\_\_\_

Optional Special Circumstances: Please describe any special circumstances you or your family are experiencing.

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Name of Student: \_\_\_\_\_

**Academic Certification Form:**

**This Section to Be Completed By a High School Guidance Counselor**

**Diploma:**

The student will graduate with the following:

Reg. Diploma \_\_\_\_\_ CORE 40 \_\_\_\_\_ Technical Honors \_\_\_\_\_ Academic Honors \_\_\_\_\_

**Advanced Placement Classes:**

Number of College Prep, Honors, Advanced Placement, Weighted Courses offered at this high school: \_\_\_\_\_

Number taken by student: \_\_\_\_\_

**General Testing and Scholarship:**

Did this student pass both required sections of the ISTEP GQE? \_\_\_\_\_ Yes \_\_\_\_\_ No

21<sup>st</sup> Century Scholar? \_\_\_\_\_ Yes \_\_\_\_\_ No Likely to be a recipient of the award? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Required Test and SAT/ACT Scores & Cumulative GPA:**

*Only complete if information is not on the student's transcript*

Highest SAT Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Total: \_\_\_\_\_

Highest Composite ACT Score: \_\_\_\_\_

GPA \_\_\_\_\_ on a scale of \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

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**Guidance Counselor Signature**

**Date**

**This Section to Be Completed By Applicant If They Are a College or Non-Traditional Student:**

*You must still attach a copy of your most recent high school or college transcript*

GED recipients: Score on Section #1 #2 #3 #4 #5 Total Score: \_\_\_\_\_

GPA \_\_\_\_\_ on a scale of \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

Sat Score: Writing Math Critical Reading Total ACT Score composite \_\_\_\_\_

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**Student Signature**

**Date**

# Application Signature Page

In signing this application, I hereby certify that the information is complete and accurate to the best of my knowledge. I have fulfilled all of the requirements for the application and I am enclosing required attachments as requested on the **instruction and scholarship description section** of this document. I am aware that the Northern Indiana Community Foundation scholarships may be used at an accredited education institution. I also understand that the awards will be announced in the spring and summer of 2010. In addition, I understand that the information contained in my application may be shared with the scholarship committee and / or the scholarship fund founder. If you are under 18 years of age, a parent's signature is required.



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Applicant's Name (please print)

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Applicant's Signature

Date

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Parent's Signature

Date

**Please return the application to the NICF office by the March 15<sup>th</sup>, 2010 deadline date.**